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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *M/A TKP*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *M/A TKP*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	7	42	5
Verified and Acknowledged	Examiner's Signature <i>TKP</i> Initials				

**ADDRESS**

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**TITLE**

System and method for name resolution

FILING FEE RECEIVED 1468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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